

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 1 5

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2002

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1927 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 3,596,900b. FFY 2004 \$ 3,996,217

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A pages 5a, b & c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1A pages 5a, b & c

10. SUBJECT OF AMENDMENT:

Addition of 3 drug classifications to the payment authorization schedule

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael J. Willden

14. TITLE:

Director, HR

15. DATE SUBMITTED:

16. RETURN TO:

John A. Liveratti, Chief
Compliance
1100 East William, Suite 102
Carson City, Nevada 89701**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 23, 2002

18. DATE APPROVED:

March 7, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

12.

1. Nevada Medicaid will meet all reporting and provision of information requirements of section 1927(b)(2) and the requirements of subsections (d) and (g) of Section 1927.
2. Covered outpatient drugs are those of any manufacturer who has entered into and complies with an agreement under section 1927(a), which are prescribed for a medically accepted indication (as defined in subsection 1927(k)(6)) of Title XIX of the Social Security Act.

a) Excluded Medications

- 1) Agents used for weight loss.
- 2) Agents when used to promote fertility. (e.g., Clomid, Metrodin, Pergonal).
- 3) Yohimbine (e.g., Yocon).
- 4) Pharmaceuticals designated "ineffective" or "less than effective" (including identical, related, or similar drugs) by the Food and Drug Administration (FDA) as to substance or diagnosis for which prescribed.
- 5) Pharmaceuticals considered "experimental" as to substance or diagnosis for which prescribed.
- 6) Pharmaceuticals manufactured by companies not participating in the Medicaid Drug Rebate Program unless rated "1-A" by the FDA.
- 7) Agents used for cosmetic purposes or hair growth.

b) Medications Requiring Payment Authorization

- 1) Amphetamine (e.g., Dexedrine).
- 2) Amphetamine combinations (e.g., Adderall)
- 3) Chorionic Ganadotropin (e.g., HCG)

TN# 02-15
Supersedes
TN# 01-13

Approval Date March 7, 2003

Effective Date: July 1, 2002

- 4) Dipyridamole (covered for cardiac valve replacement patients only).
 - 5) Donepezil Hydrochloride (e.g., Aricept)
 - 6) Erythropoietin (e.g., Epogen, Procrit).
 - 7) Gonadotropin – releasing hormone analog (e.g., Lupron, Zoladex).
 - 8) Growth Hormone (e.g., Protropin)
 - 9) Interferon (all combinations manufactured by recombinant DNA technology) (e.g., Betaseron).
 - 10) Intravenous therapy.
 - 11) Methylphenidate (e.g., Ritalin).
 - 12) Non-legend pharmaceuticals.
 - 13) Nutritional supplements or replacements.
 - 14) Pemoline (e.g., Cylert).
 - 15) Pulmozyme.
 - 16) Tacrine (e.g., Cognex)
 - 17) Vitamins, vitamin/mineral combinations or hematinics.
 - 18) Agents inhibiting proton pump action.
 - 19) Agents inhibiting cyclooxygenase-2 (COX-2) action.
 - 20) Agents when used for erectile dysfunction.
3. The State will not pay for covered outpatients drugs of a non-participating manufacturer, except for drugs rated "1-A" by the FDA. If such a medication is essential to the health of a recipient and a physician has obtained approval for use of the drugs in advance of its dispensing, it may be covered by the program pursuant to section 1927(a)(3).
 4. The State will operate any new rebate agreements with manufacturers in conformance with law, and will obtain HCFA approval for any new agreements.
 5. Pursuant to section 1927(d)(5) the State will retain the option of a prior authorization requirement on covered outpatient drugs (listed in 2B) and pursuant to the law provides the assurance that the requirements in section 1927(d)(5)(A) and (B) are met.

TN# 02-15
Supersedes
TN# 98-07

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- a) The state "provides response by telephone or other telecommunication device within 24 hours of a request for prior authorization; and
 - b) Except with respect to the drugs on the list referred to as subject to restrictions, the State "provides for the dispensing of at least 72-hour supply of a covered outpatient prescription drug in an emergency situation (defined by the Secretary).
6. Pursuant to section 1927(d)(6) the State has established a maximum quantity of medication per prescription as a 34 day supply.
- a) In those cases where less than a 30 day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee may be disallowed.
 - b) In nursing facilities if the prescriber fails to indicate the duration of therapy for maintenance drug, the pharmacy must estimate and provide at least a 30 day supply.
- The State retains the options otherwise listed under 1927(d)(6) as "Other Permissible Restrictions".
12. b. Dentures require prior authorization of the Medicaid Dental Consultant.
- c. Prosthetic devices must be prescribed by a physician or osteopath and must be prior authorized by the Nevada Medicaid Office on Form NMO-3.
- d. Eyeglasses are limited to those prescribed to correct a visual defect of at least $\square.50$ diopters or $10\square$ axis once in 24 months. In addition, they are available on the periodicity schedule established for EPSDT.